



BOARD OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
INFORMATION: (916) 445-7061 FAX (916) 445-8893



INSTRUCTIONS FOR OUT-OF-STATE/OUT-OF-COUNTRY APPLICANTS

PLEASE ALLOW 6-8 WEEKS FOR THE INITIAL EVALUATION.

ALL applicants must qualify for, take, and pass the California licensing exam, consisting of a written and a practical portion, before a license can be issued. California law does NOT recognize reciprocity of licensure. The Board has established minimum qualifications which you must meet to qualify to take the exam. This is required by Title 16, California Code of Regulations Section 910.

An application for examination, the appropriate fee, and all required documents verifying your education and/or training must be submitted in order to determine your qualifications. See below for more information. The Application for Examination can be found on the Forms/Pubs page of this website.

CAREFULLY READ AND FOLLOW THE INSTRUCTIONS GIVEN ON EACH APPLICABLE FORM.

1. If you have ever held a license from another state, you must submit the following items:

- a. Application for Examination (Be sure to complete question #15).
- b. Application Fee (see Application for Examination for the fee schedule)
- c. Consent for Release of Information (Social Security Administration)
- d. License Certification for Examination Process (Form A)

Note: Send Form A to any state board that licensed you. If you are licensed in more than one state, you may elect to submit certification request to the state(s) of your choice. Some states charge a fee to certify your license, and you are responsible for the incurred expense. A state board processing your Form A will send the certification directly to the Board. Should Form A arrive to the Board before your other documents, it will be kept on file.

- e. Affidavit of Experience (Form C), if applicable

Note: In order for the Board to consider granting credit on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., other than a family member).

2. If you only obtained training from another state, you must submit the following items:

- a. Application for Examination
- b. Application Fee (see Application for Examination for fee schedule)
- c. Consent for Release of Information (Social Security Administration)
- d. Out-of-State School Training Record (Form B)

Note: Should your school be closed, the records have likely been transferred to a state agency. In that instance, the state agency may complete Form B.

3. *If you obtained training and/or licensure outside of the United States, you must submit the following items:*

- a. Application for Examination
- b. Application Fee (see Application for Examination for fee schedule)
- c. Consent for Release of Information (Social Security Administration)
- d. Affidavit of Experience (Form C), if applicable

Note: In order for the Board to consider granting credit on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., other than a family member).

- e. Form E (Outside Evaluation)

Note: Contact one of the evaluation services listed to have your education and/or training evaluated. Request that the evaluation report be sent directly to the Board. Should the evaluation report arrive to the Board before the other documents, it will be kept on file.

If you meet the minimum qualifications, you will be automatically scheduled for the exam as soon as possible. Any special request for exam dates must be submitted in writing with your application, and we will attempt to accommodate your request. You will receive written notification regarding time, date, and location of your exam. **IT IS YOUR RESPONSIBILITY TO PROVIDE YOUR SUPPLIES AND MODEL FOR THE PRACTICAL PORTION OF THE EXAM.**

If you do not meet the minimum qualifications, you will receive a letter detailing the supplemental training required. Simply present the letter to your school. When you complete the required training, request that the school mail an original Proof of Training, along with a copy of the supplemental training letter, to the Board. When the Board receives all the required documents, you will be scheduled for the exam.

If you have any questions, please contact the Board's out-of-state/out-of-country evaluation unit either by calling (916) 445-4399. Please send completed forms and any other written inquiries to the following address:

Board of Barbering and Cosmetology
P.O. Box 944226
Sacramento, CA 94244-2260
ATTN: Out-of-State/Out-of-Country Evaluation Unit



BOARD OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
INFORMATION: (916) 323-9020 FAX (916) 445-7005
www.barbercosmo.ca.gov



*** MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS**

Disclosure of your U.S. (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C) authorize collection of your (SSN). Your (SSN) will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your (SSN) your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

LICENSE CERTIFICATION FOR EXAMINATION PROCESS
OUT-OF-STATE APPLICANT
FORM A

(Please type or print legibly in ink.)

Applicant's Full Name (First, Middle, Last)		* Social Security Number
Residence Address	Street and Number	City State Zip Code
Birthdate	Month	Day Year
E D U C A T I O N	Circle the Highest Grade You Completed in K-12 Education	
	1 2 3 4 5 6 7 8 9 10 11 12	
	Date Completed	
	Name and Address of School in Which You Completed the Grade Indicated	
	Name Used on School Records	

TO BE COMPLETED BY THE LICENSING AGENCY ISSUING PREVIOUS LICENSE :

LICENSE TYPE	LICENSE NUMBER ISSUED	DATE ORIGINALLY ISSUED	EXPIRATION DATE:
	TOTAL HOURS OF SCHOOLING	TEMPORARY LICENSE ISSUED	
		FROM _____ TO _____	

By signing below, the undersigned certifies that the above named applicant's license is in good standing and that no disciplinary charges have been taken or are pending against said licensee.

PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE.
FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED.



State _____

Official Signature _____

Title _____

Date _____



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OUT-OF-STATE SCHOOL TRAINING RECORD – FORM B

(This form is only required if you did not become licensed in the state where you received your training.)

Instructions to the Applicant:

1. Complete the section marked "To Be Completed By Applicant Only".
2. Mail this form to your school. The school you attended must complete the section marked "To Be Completed By School Only". If the school is closed, the records have likely been transferred to a state agency. In that instance, the state agency may complete this section.
3. Request the school to return this form to you. Submit it along with your Application for Examination, the appropriate fee, and other applicable documents to the Board.

To Be Completed By Applicant Only – Type or print legibly in ink

Name	* Social Security Number
Address	Birth Date
City State Zip	Telephone Number ()

To Be Completed By School Only – Type or print legibly in ink

Name of School	School License Number
Address	School License Expiration Date
City State Zip	Telephone Number ()

Student's Training Information

- | | |
|--|---|
| 1. Training category (check <u>all applicable</u> boxes): | 2. Total hours completed: _____ |
| <input type="checkbox"/> Barbering | 3. Enrollment Date: _____ |
| <input type="checkbox"/> Cosmetology | 4. Completion or Withdrawal Date: _____ |
| <input type="checkbox"/> Electrology | |
| <input type="checkbox"/> Esthetics (Skin Care <u>only</u>) | |
| <input type="checkbox"/> Manicuring (Nail Care <u>only</u>) | |

Attach a worksheet if possible that shows the number of hours completed in each subject area as required in Title 16 R&R 910 (a) (2).

By signing below I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE.
FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED

X _____ Authorized Signature for School	_____ Date
_____ Printed Name	_____ Title



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AFFIDAVIT OF EXPERIENCE
(FORM C)

Instructions to the Applicant:

1. Complete the portion marked "To Be Completed by Applicant Only".
2. Mail this form to a disinterested individual who can verify your experience. The individual must complete the portion marked "To Be Completed by Disinterested Individual Only". Feel free to make copies of this form to be sent to more than one individual. ***Only licensed work experience is considered.***
3. Request the individual to return this form to you. Submit it along with your Application for Examination, the appropriate fee, and other applicable documents to the Board. If you send Form C to more than one individual, you must include **all** Form Cs in your application package.

To Be Completed By Applicant Only – Type or print legibly in ink

Name	Telephone Number		
	()		
Address	City	State	Zip

To Be Completed By Disinterested Individual Only – Type or print legibly in ink

Name	Telephone Number		
	()		
Address	City	State	Zip
The applicant listed above has performed the following type of work at the specified location during the time period indicated below:			
Name of Establishment/Business (where experience was acquired)		Telephone Number	
		()	
Address of Establishment/Business (where experience was acquired)		City	State Zip
Type of Work (check all applicable boxes)			
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Barbering	<input type="checkbox"/> Electrology	<input type="checkbox"/> Skin Care <input type="checkbox"/> Nail Care
Time Period (when experience was acquired)			
From (date): _____ to (date): _____			

By signing below, the undersigned certifies under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Individual Verifying Experience	Date
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OUTSIDE EVALUATION
OUT OF COUNTRY APPLICANTS
FORM E

If you choose to use an Evaluation Service:

1. Phone the Board approved Evaluation Service of your choice (see below for list of approved evaluation services.) Ask for an application for a **general evaluation**. Complete the application and send it to the Evaluation Service with any information and fees they request.
2. Send the fees and application for the evaluation service to the evaluation service. Do not send them to the Board or they will be returned to you.

Examination Category

☐ Barber ☐ Cosmetologist ☐ Electrologist ☐ Esthetician ☐ Manicurist

Applicant's Name		Last	First	Middle
Applicant's Address, Number and Street		City		State Zip Code
* Social Security Number	Telephone Number ()		Date of Birth (mm/dd/yy)	
Name of Evaluation Service			Telephone Number ()	
Address, Number and Street		City		State Zip Code

BOARD APPROVED EVALUATION SERVICES

International Education Research
 Foundation, Inc.
 P.O. Box 3665
 Culver City, CA 90231-3655
 Telephone: (310) 258-9451
 FAX Line (310) 342-7086
 Email: info@ierf.org
 Web Site: www.ierf.org

Span Tran Educational Services, Inc.
 7211 Regency Square Blvd. #205
 Houston, TX 77036
 Telephone: (713) 266-8805
 Web Site: www.spantran-edu.com

Educational Credential Evaluators, Inc.
 (ECE)
 P. O. Box 514070
 Milwaukee, WI 53203-3470 USA
 Telephone: (414) 289-3400
 Fax Line: (414) 289-3411
 Email: eval@ece.org
 Web Site: www.ece.org

Application forms may be printed from the above websites.

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